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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/539,772
Filing Date	03/31/2000
First Named Inventor	Allen Y. Tien
Group Art Unit	2171
Examiner Name	Black, Thomas
Attorney Docket Number	3991

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☑ Please change the correspondence address for the above-identified application to:

☐ Customer Number [29479] ⟶

Place Customer Number Bar Code Label here

OR

☑ Firm or Individual Name	Allen Y. Tien
Address	7921 Ruxway Rd
Address	
City	Towson,

Country	USA	State	MD	ZIP	21204-3515
Telephone	410-821-5618	Fax		410-828-8948	

I am the:

☑ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Allen Y. Tien
Signature	
Date	May 31, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.